

HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor RICHARD M, ARMSTRONG – Director LESLIE M. CLEMENT - Administrator DIVISION OF MEDICAID Post Office Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-5747 FAX: (208) 364-1811

December 21, 2007

Jill Williams, Administrator Rigby Country Living Center 4202 E 300 N Rigby, ID 83442

License #: RC-359

Dear Ms. Williams:

On November 5, 2007, a complaint investigation survey was conducted at Rigby Country Living Center. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW

Team Leader

Health Facility Surveyor

Residential Community Care Program

Lebbie Sholley, 28W

DS/sc

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Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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November 29, 2007

Administrator Rigby Country Living Center 4202 E 300 North Rigby, ID 83442

Dear Administrator:

On November 5, 2007, a complaint investigation survey was conducted at Rigby Country Living Center. The survey was conducted by Diane Schafer, RD, Polly Watt-Geier, MSW and Debra Sholley, LSW. This report outlines the findings of our investigation.

Complaint # ID00003090

Allegation #1:

The facility did not complete criminal background checks on new employees.

Findings # 1:

Based on interview, it was determined the facility had not completed background checks on

employees.

On November 5, 2007 at 1:20 p.m., the house manager stated there were no criminal history checks

found for the employees.

Conclusion #1:

Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.01 for not completing criminal background checks on employees. The facility was required to submit evidence of resolution

within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely.

Team Leader

Health Facility Surveyor

DEBBIE SHOLLEY, LSW

Residential Community Care Program

DS/sc

Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program Debra Sholley, LSW, Health Facility Surveyor



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

| Facility Name | | Physical Address | Phone Number | | |
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| Right Carry Administrator | And I MINU Center | 4202 Fast 310 NHh | 1 Qua 70 | 15-9096 | : |
| Administrator | 1 Confact | City | ZIP Code | | *************************************** |
| Vacant (| Try Living Center Contact Diano Walker) Person | (C) G h L Survey Type/ | 83442 Survey Date | | |
| Survey Team Leader | | Survey Type/ | Survey Date | | |
| | rolley | Compaint | 11/5/00 | 1 | |
| NON-CORE IŠSUES / / | | | | | |
| ITEM RULE # 16.03.22 | をおきます。 ・ | DESCRIPTION | | DATE RESOLVED | BFS USE |
| 1 009.01 | Staff did not ho | ve Criminal background Ch providing Cave to residents | ecKs | 12/19/04 | OS 1 |
| | completed prior to | providing liave to residents | | | - 15 FG 15 |
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| Response Required Date | Signature of Facility Representative | A CONTROL OF THE CONT | | Date Signed | 100000000000000000000000000000000000000 |
| 12/5/11 | | | | | |